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Bib Data Sheet

CONFIRMATION NO. 1152

<b>SERIAL NUMBER</b> 09/787,000	<b>FILING DATE</b> 03/13/2001 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 2752-33
<b>APPLICANTS</b> Geert Jannes, Leuven, BELGIUM; Heinz-Josef Schmitt, Molssee, GERMANY;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/EP99/07065 09/22/1999				
<b>** FOREIGN APPLICATIONS *****</b> EUROPEAN PATENT OFFICE (EPO) 98870203.1 09/24/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> BELGIUM	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 12
Verified and Acknowledged Examiner's Signature _____ Initials _____				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Nixon & Vanderhye 8th Floor 1100 North Glebe Road Arlington, VA 22201-4714				
<b>TITLE</b> Identification of microorganisms causing acute respiratory tract infections (ari)				
<b>FILING FEE RECEIVED</b> 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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APPLICANTS

Geert Jannes, Leuven, BELGIUM;

Heinz-Josef Schmitt, Molssee, GERMANY;

\*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/EP99/07065 09/22/1999 *SK*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

EUROPEAN PATENT OFFICE (EPO) 98870203.1 09/24/1998 *SK*

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY BELGIUM	SHEETS DRAWING 5	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>			
Verified and Acknowledged	Initials <i>SK</i>			

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23117  
NIXON & VANDERHYE, PC  
1100 N GLEBE ROAD  
8TH FLOOR  
ARLINGTON, VA  
22201-4714

TITLE

Identification of microorganisms causing acute respiratory tract infections (ari)

FILING FEE  
RECEIVED  
860

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
No. \_\_\_\_\_ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
<input type="checkbox"/> 1.18 Fees ( Issue )

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 787000	RECEIPT DATE:	03 / 13 / 01
IA NUMBER:	PCT/ EP99 / 07065	IA FILING DATE:	09 / 22 / 99
FAMILY NAME:	GREET ETAL	DELAY WAIVED (Y/N):	Y
GIVEN NAME:		DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	09 / 24 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	2752-33	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: NIXON & VANDERHYE

STREET: 8TH FLOOR  
1100 NORTH GLEBE ROAD

CITY: ARLINGTON

STATE/COUNTRY: VA ZIP: 22201

EMAIL:

APPLICATION TITLES:

IDENTIFICATION OF MICROORGANISMS CAUSEING ACUTE RESPIRATORY TRAT INFEC  
TIONS

TAB TO LAST POSITION,PUSH SEND